

**COOPERATIVE WORK EXPERIENCE  
MONTHLY TIMESHEET**

Month \_\_\_\_\_

STUDENT \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

WORK SITE/ SUPERVISOR \_\_\_\_\_

Date	Day	# of Hours Worked	Date	Day	# of Hours Worked	Date	Day	# of Hours Worked
1			11			21		
2			12			22		
3			13			23		
4			14			24		
5			15			25		
6			16			26		
7			17			27		
8			18			28		
9			19			29		
10			20			30		
						31		

I hereby certify that this time card is a true and accurate statement.

Student's Signature \_\_\_\_\_ Total Hours \_\_\_\_\_

The Following two sections are to be filled out by your supervisor.

**PROGRESS REPORTS**

CATEGORY	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Attendance/Punctuality				
Interest/Initiative				
Quality of Work				
Appearance				
Take Criticism				

**PROGRESS TOWARDS JOB ORIENTED OBJECTIVES**

	COMPLETED	EXCELLENT	GOOD	LIMITED
Objective 1				
Objective 2				
Objective 3				

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Cooperative Work Experience Director \_\_\_\_\_ Date \_\_\_\_\_